



ICEMA APPROVED SKILLS

I. POLICY

To provide a list of ICEMA approved skills and affected scope of practice.

II. AUTHORITY

California Health and Safety Code, Sections 1797.214

California Code of Regulations, Title 22, Division 9, Chapters 2, 3, and 4

III. SKILLS

12-lead Electrocardiography (EMT-P)

- ECG should be performed prior to medication administration.

Axial Spinal Stabilization (EMT, AEMT and EMT-P)

- Should be placed if patient meets the indicators , per ICEMA Reference #15010 - Trauma - Adult (Neuro Deficits present, Spinal Tenderness present, Altered Mental status, Intoxication, or Distracting Injury).
- An AEMT and/or EMT-P may remove if placed by BLS crew and it does not meet indicators.

Continuous Positive Airway Pressure Device (CPAP) - Adult (EMT, AEMT and EMT-P)

- Start at lowest setting and increase slowly until patient experiences relief or until a maximum of 15 cm H₂O is reached.

External Jugular Vein Access (AEMT and EMT-P)

- Not indicated for patients eight (8) years of age and younger.

Intraosseous Infusion (AEMT pediatric patients only and EMT-P)

- EMT-Ps may administer Lidocaine slowly per ICEMA Reference #7040 - Medication - Standard Orders, for pain control.

King Airway Device (Perilaryngeal) - Adult (EMT Specialty Program, AEMT, EMT-P)

- Patients 15 years or older.
- Anyone over four (4) feet in height.

King Airway Device (Perilaryngeal) - Pediatric (EMT Specialty program, AEMT, EMT-P)

- Patients less than 15 years of age.
- May initially be contraindicated with suspected ALOC.

Nasogastric/Orogastric Tube (EMT-P)

- Use viscous Lidocaine gel per ICEMA Reference #7040 - Medication - Standard Orders, for conscious patients.
- Required for all full arrest patients.

Nasotracheal Intubation (EMT-P)

- Absolute contraindication: Apnea.
- Base hospital contact required: Facial trauma, anticoagulant therapy, airway burns, failed CPAP.
- Prophylactic Lidocaine per ICEMA Reference #7040 - Medication - Standard Orders, for suspected head/brain injury.

Needle Cricothyrotomy (EMT-P)

- Absolute contraindication: Transection of the trachea.

Needle Thoracostomy (EMT-P)

- In blunt chest trauma consider bilateral tension pneumothorax if pulse oximetry (SpO₂) reading remains low with a patent airway or with poor respiratory compliance.

Oral Endotracheal Intubation - Adult (EMT-P)

- Consider Lidocaine prophylactically per ICEMA Reference #7040 - Medication - Standard Orders, for head injury.
- Monitor end-tidal CO₂ with capnography.
- After three (3) unsuccessful attempts consider Needle Cricothyrotomy.

Oral Endotracheal Intubation - Pediatric (EMT-P)

- Uncuffed tubes for patients under eight (8) years old.
- Base hospital contact is required after two (2) failed intubation attempts.
- Monitor end-tidal CO₂ with capnography.

Synchronized Cardioversion (EMT-P)

- Consider medication for pain and anxiety.
- If rhythm deteriorates to v-fib turn off the sync button and defibrillate.

Transcutaneous Cardiac Pacing (EMT-P)

- Consider medication for pain and anxiety.
- Contact the base hospital if rhythm persists.

Vagal Maneuvers (EMT-P)

- Use with caution for patients with hypertension, suspected STEMI, or suspected head/brain injury.

IV. REFERENCE

<u>Number</u>	<u>Name</u>
7040	Medication - Standard Orders
15010	Trauma - Adult (15 years of age or older)